



DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH CARE FACILITY
LICENSURE & CERTIFICATION
99 Chauncy Street
Boston, MA 02111

LOCAL FIRE CERTIFICATE OF INSPECTION

In accordance with Department requirements, this Fire Certificate of Inspection is issued by the head of the local Fire Department and certifies the facility's compliance with local ordinances.

INSTRUCTIONS:

FIRE DEPARTMENT TO RETURN ONE COMPLETED COPIES TO FACILITY

FACILITY TO RETURN COPY TO:

Department of Public Health
Division of Health Care Facility Licensure and Certification
99 Chauncy Street, 11th Floor
Boston, MA 02111

FACILITY INFORMATION

Name of Facility: _____

Address of Facility _____

Date of Inspection: _____

Inspected by: _____

Reason for Inspection:

<input type="checkbox"/> Initial Licensure/Change of Ownership	<input type="checkbox"/> Facility Renovations
<input type="checkbox"/> Licensure Renewal	<input type="checkbox"/> Nursing Home Quarterly Inspection for CMS Compliance

I HEREBY CERTIFY THAT THIS INSTITUTION COMPLIES WITH THE LOCAL ORDINANCES.

YES

NO

If answer is "NO", indicate violations and recommendations.

Violations:

Recommendations:

ISSUED BY: _____

Signature
Head of Local Fire Department